# IN THE UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF MISSOURI

In Re:	)
	)
Jason Fauss	) Case No. 20-41032
	) Chapter 13
	)
Debtor.	)

# MEMORANDUM UNDER LOCAL RULE 1009(A)

Debtor certifies under Local Rule 1009(A) that he is filing Amended Schedules I and J to update Debtor's current household income and expenses.

Respectfully submitted, JASON D. FAUSS

Jason D. Fauss, #57734MO

The Fauss Law Firm, LLC

10805 Sunset Office Dr., Ste. 300

St. Louis, MO 63127

Tel: 314-291-8899 / Fax: 314-380-8887

ATTORNEY FOR DEBTOR

Fill in this informa	ation to identify your cas	e:	
Debtor 1	Jason Fauss		
Debtor 2 (Spouse, if filing)			
United States Ba	nkruptcy Court for the:	EASTERN DISTRICT OF MISSOURI, ST. LOUIS DIVISION	
Case number	20-41032		Check if this is:
(If known)			An amended filing
			☐ A supplement showing postpetition

## Official Form 106I

# Schedule I: Your Income

on chapter 13 income as of the following date:

12/15

1/25/2023 MM / DD/ YYYY

For Debtor 1

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Describe Employment Fill in your employment Debtor 2 or non-filing spouse **Debtor 1** information. ■ Employed ■ Employed If you have more than one job, **Employment status** attach a separate page with ■ Not employed ■ Not employed information about additional employers. Occupation **Director of Development** Attorney Include part-time, seasonal, or Employer's name Self Employed **Gross Financial Group, LLC** self-employed work. Occupation may include student or Employer's address 10805 Sunset Office Dr Ste 7733 Forsyth Blvd Ste 1000 homemaker, if it applies. Clayton, MO 63105-1808 Saint Louis, MO 63127-1027 How long employed there? 17 years and 6 months 4 years and 10 months

**Give Details About Monthly Income** 

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 0.00 7,953.38 2. deductions). If not paid monthly, calculate what the monthly wage would be. 0.00 3. Estimate and list monthly overtime pay. 0.00 Calculate gross Income. Add line 2 + line 3. 0.00 7,953.38

For Debtor 1	Debt	or 1	Fauss, Jason	_	Case	e number (if known)	20-4	1032
5a. Tax, Medicare, and Social Security deductions   5a. \$ 0.00   \$ 0.00		Сор	by line 4 here	4.	Fo \$_		nor	n-filing spouse
55. Mandatory contributions for retirement plans 56. \$ 0.00 \$ 397.66 56. Required repayments of retirement fund loans 56. \$ 0.00 \$ 0.00 57. Domestic support obligations 57. \$ 0.00 \$ 0.00 58. Domestic support obligations 58. \$ 0.00 \$ 0.00 59. Union dues 50. Uni	5.	List	t all payroll deductions:					
55. Required repayments of retirement fund loans  56. Insurance  57. Domestic support obligations  58. 0.000 \$ 0.000  59. Union dues  59. \$ 0.000 \$ 0.000  59. 0.000 \$ 0.000  59. 0.000 \$ 0.000  59. 0.000 \$ 0.000  59. 0.000 \$ 0.000  59. 0.000 \$ 0.000  59. 0.000 \$ 0.000  59. 0.000 \$ 0.000  59. 0.000 \$ 0.000  59. 0.000 \$ 0.000  59. 0.000 \$ 0.000  59. 0.000 \$ 0.000  59. 0.000 \$ 0.000  59. 0.000 \$ 0.000  59. 0.000 \$ 0.000  59. 0.000 \$ 0.000  59. 0.000 \$ 0.000  59. 0.000  59. 0.000 \$ 0.000  59. 0.000 \$ 0.000  59. 0.000  59. 0.000 \$ 0.000  59. 0.000		5a. 5b.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans	5b.	\$_	0.00	\$_	0.00
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Health Insurance  Vision  No.00 \$ 90.82  Vision  Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  6. \$ 0.00 \$ 2,404.87  7. Calculate total monthly take-home pay. Subtract line 6 from line 4.  7. \$ 0.00 \$ 5,548.51  8. List all other income regularly received:  8. No.00 \$ 5,548.51  8. List all other income regularly received:  8. No.00 \$ 5,548.51  8. List all other income regularly received:  8. No.00 \$ 5,548.51  8. List all other income regularly received:  8. No.00 \$ 5,548.51  8. List all other income regularly received:  8. No.00 \$ 0.00  8. Solidary and necessary business expenses, and the total monthly net income.  8. No.00 \$ 0.00  8. Solidary and necessary business expenses, and the total monthly net income.  8. No.00 \$ 0.00  8. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include allmony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8. Solid Security  8. Solidary  9. Solidary  10. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  8. Solidary  8. S					\$ \$	0.00	· -	0.00
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13. Do you expect an increase or decrease within the year after you file this form?  No.	12.							Combined
☐ Yes. Explain:	13.	Do y	•	?				monthly income
			Yes. Explain:					

Fill	in this information to identify you	ur case:				
Deb	tor 1 Jason Fauss			Check	if this is:	
				<b>■</b> A	n amended filing	
	tor 2					ing postpetition chapter 13
(Spo	ouse, if filing)				xpenses as of the f 3/30/2023	ollowing date:
Unit	ed States Bankruptcy Court for the:	EASTERN DISTRICT OF MISSOUDIVISION	IRI, ST. LOUIS		M / DD / YYYY	
Cas	e number <b>20-41032</b>					
	nown)					
$\Box$	fficial Form 106J					
	chedule J: Your E	 xpenses				12/1:
Be info	as complete and accurate as p	oossible. If two married people are deed, attach another sheet to this fo				supplying correct
Par 1.	t 1: Describe Your Househ Is this a joint case?	old				
	■ No. Go to line 2.  □ Yes. Does Debtor 2 live in	a separate household?				
	□ No	·				
	☐ Yes. Debtor 2 must	file Official Form 106J-2, Expenses for	or Separate Househ	nold of Debtor 2	2.	
2.	Do you have dependents?	□ No				
	Do not list Debtor 1 and Debtor 2.	■ Yes. Fill out this information for each dependent	Dependent's relation		Dependent's age	Does dependent live with you?
	Do not state the					□ No
	dependents names.		Daughter		15	■ Yes □ No
			Son		13	■ Yes
						□No
						☐ Yes
						□ No
•						☐ Yes
3.	Do your expenses include expenses of people other that yourself and your dependent					
exp	imate your expenses as of you	g Monthly Expenses ur bankruptcy filing date unless yo ankruptcy is filed. If this is a supple				
		on-cash government assistance if y				
	ficial Form 106l.)	e included it on Schedule I. Foal II	icome		Your expe	enses
4.	The rental or home ownership payments and any rent for the g	ip expenses for your residence. Inc ground or lot.	clude first mortgage	4. \$		2,726.25
	If not included in line 4:					
	4a. Real estate taxes			4a. \$		0.00
	4b. Property, homeowner's,	or renter's insurance		4b. \$		23.35
		pair, and upkeep expenses		4c. \$		322.71
_	4d. Homeowner's associatio		a a an da da a a	4d. \$		10.00
5.	Additional mortgage paymer	nts for your residence, such as hom	e equity loans	5. \$		0.00

Debtor '	Fauss, Jason	Case num	ber (if known)	20-41032
6. <b>Ut</b> i	lities:			
6a		6a.	\$	228.00
6b	. Water, sewer, garbage collection	6b.	\$	136.82
6c	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	433.00
6d	Other. Specify:	6d.	\$	0.00
. Fo	od and housekeeping supplies		\$	1,000.00
. Ch	ildcare and children's education costs	8.	\$	214.75
. Cle	othing, laundry, and dry cleaning	9.	\$	100.00
	rsonal care products and services	10.	\$	100.00
	edical and dental expenses	11.	\$	904.00
	ansportation. Include gas, maintenance, bus or train fare.			
Do	not include car payments.	12.	\$	293.00
. En	tertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	196.00
. Ch	aritable contributions and religious donations	14.	\$	224.47
	surance.			
	not include insurance deducted from your pay or included in lines 4 or 20.	4.5	•	=
	a. Life insurance	15a.		569.19
	b. Health insurance	15b.	·	915.54
15		15c.	\$	135.60
	d. Other insurance. Specify: Disability Insurance	15d.	\$	60.92
	xes. Do not include taxes deducted from your pay or included in lines 4 or 20.	40	Φ.	20.00
	ecify: Personal Property Tax	16.	\$	36.00
. Ins	stallment or lease payments: a. Car payments for Vehicle 1	17a.	¢	0.00
	b. Car payments for Vehicle 2	17a. 17b.	\$	0.00
	• •		·	0.00
	d. Other Specify:	17c.	\$	0.00
	d. Other. Specify:	17d.	Ф	0.00
	ur payments of alimony, maintenance, and support that you did not report as ducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
	her payments you make to support others who do not live with you.		\$	0.00
	ecify:	19.	Ť	<u> </u>
	her real property expenses not included in lines 4 or 5 of this form or on Sche		r Income.	
20		20a.		0.00
20	b. Real estate taxes	20b.	\$	0.00
20	c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
20	d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
20	e. Homeowner's association or condominium dues	20e.	\$	0.00
	her: Specify: Security Monitoring	21.	+\$	22.00
	et Costs		+\$	30.00
	ouse's Chapter 13 Payment		+\$	1,668.00
	•			1,000.00
	Iculate your monthly expenses		•	
	a. Add lines 4 through 21.		\$	10,349.60
	b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22	c. Add line 22a and 22b. The result is your monthly expenses.		\$	10,349.60
Ca	Iculate your monthly net income.			
	a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	11,055.90
	b. Copy your monthly expenses from line 22c above.	23b.	·	10,349.60
23	o. Copy your monthly expenses nominate 220 above.	230.	_Ψ	10,349.00
23	c. Subtract your monthly expenses from your monthly income.			
23	The result is your <i>monthly net income</i> .	23c.	\$	706.30
			L	
Foi	you expect an increase or decrease in your expenses within the year after your example, do you expect to finish paying for your car loan within the year or do you expect you diffication to the terms of your mortgage?			ease or decrease because of a
	No			
	Yes. Explain here:			

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# United States Bankruptcy Court Eastern District of Missouri, St. Louis Division

IN RE:	Case No. <b>20-41032</b>				
Fauss, Jason	Chapter <b>13</b>				
Debtor(s)					
AMENDED BUSINESS INCOME AND	EXPENSES (DEBTOR)				
FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (Note: ONLY	<u>/ INCLUDE</u> information directly related to the business				
operation.)	·				
PART A - GROSS BUSINESS INCOME FOR THE PREVIOUS 12 MONT	HS:				
1. Gross Income For 12 Months Prior to Filing:	\$88,004.00				
PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOM	ME:				
2. Gross Monthly Income:	\$				
PART C - ESTIMATED FUTURE MONTHLY EXPENSES:					
<ol> <li>Net Employee Payroll (Other Than Debtor)</li> <li>Payroll Taxes</li> <li>Unemployment Taxes</li> <li>Worker's Compensation</li> <li>Other Taxes</li> <li>Inventory Purchases (Including raw materials)</li> <li>Purchase of Feed/Fertilizer/Seed/Spray</li> <li>Rent (Other than debtor's principal residence)</li> <li>Utilities</li> <li>Office Expenses and Supplies</li> <li>Repairs and Maintenance</li> <li>Vehicle Expenses</li> <li>Travel and Entertainment</li> <li>Equipment Rental and Leases</li> <li>Legal/Accounting/Other Professional Fees</li> <li>Insurance</li> <li>Employee Benefits (e.g., pension, medical, etc.)</li> <li>Payments to be Made Directly by Debtor to Secured Creditors for Pre-Fausiness Debts (Specify):</li> </ol>	\$				
21. Other (Specify): See Continuation Sheet	\$ <u>1,175.83</u>				
22. Total Monthly Expenses (Add items 3-21)	\$				
PART D - ESTIMATED AVERAGE <u>NET</u> MONTHLY INCOME					
23. AVERAGE NET MONTHLY INCOME (Subtract Item 22 from Item	s <b>5,507.39</b>				

# AMENDED BUSINESS INCOME AND EXPENSES (DEBTOR)

**Continuation Sheet - Page 1 of 1** 

Other:	
Bar Dues and Assoc Memberships	102.83
Newspaper	32.00
Postage	310.75
Bank Fees	14.00
Continuing Legal Education	105.00
Website Hosting	25.00
Software	586.25